MARKED-UP VERSION OF AMENDMENTS

Paragraph beginning at page 35, line 21:

--The amino acid sequence of full length c-MET consists of 1408 amino acids, as the sequence was first deduced by Park et al., ("Sequence of MET proto-oncogene cDNA has features characteristic of the tyrosine kinase family of growth-factor receptors" *Proc. nat. Acad. Sci.U.S.A.* 84:6379-6383 (1987)) and 1390 amino acids, as later deduced by Prat et al. ("C-terminal truncated forms of Met, the Hepatocyte Growth Factor" *Mol. Cell. Biol.* 11:5954-5962 (1991)). According to Prat et al., the first N-terminal amino acids 1-24 of SEQ ID NO. 12 are for the most part hydrophobic, and could serve as a signal sequence for transporting the protein into the lumen of the endoplasmic reticulum. The α chain makes up the extracellular domain of the mature c-MET protein and spans amino acids 24-306 of SEQ ID NO. 12 ~~B'~~ **[B']**. The β chain would consist of 1,084-5 amino acids with the predicted β chain extracellular domain being amino acids 306 to 932, the single transmembrane hydrophobic segment being amino acids 933 to 955, and the intracellular domain being amino acids 956 to 1390 of SEQ ID NO 12.--

Paragraph beginning at page 78, line 3:

--Intravascular injection may be by intravenous or intraarterial injection: carotid artery injection is thought to assist in administration to the brain, and is thus preferred. Antibody-agents injected into the blood stream have been shown to cross the blood-brain barrier and to infiltrate the cranial cavity to some extent, usually in the range of 10^{-4} to 10^{-3}% **[?UNITS?]** injected dose per gram. This rate of uptake may be sufficient for imaging reagents, and also may be useful for tumor cell specific cytotoxic agents (e.g, those specifically directed to the inhibition of the function of tumor-cell overexpressed proteins). However, in order to achieve therapeutic concentrations of the antibody-therapeutic agents without unacceptable toxicity to the patient, it is preferred that the therapeutics compositions be administered by intrathecal injection, direct injection, or injection into the cerebro-spinal fluid.--